

Health Care Services on Indiana's HCBS Waiver Program

Case Manager Training-September
26, 2002

Alison M. Becker
Director, Developmental Disabilities Services
Division of Disability, Aging & Rehabilitative
Services
Family and Social Services Administration
abecker@fssa.state.in.us
(317) 234-1527

Goals for Today's Session

- What is available through Medicaid Prior Authorization?
- What are the policy requirements of PA services?
- What is Health Care Coordination?
- How is the appropriate level of Health Care Coordination determined?
- How is Health Care Coordination added to the Plan of Care?

Medicaid Prior Authorization

- Some services on Medicaid require authorization before they can be provided in order to be reimbursed.
- This is known as prior authorization
- For the Waiver program, anything that can be provided by Medicaid State Plan should be
 - Once denied through Prior Authorization, Waiver can pay if appropriate

Medicaid Prior Authorization

- Requirements, forms, etc. outlined in Chapter 6 of “Indiana Health Coverage Programs Provider Manual”
- Health Care Excel is the contractor for making Prior Authorization decisions, based on criteria set by Indiana Code, Administrative Rules and OMPP policy and procedures

Health Care Services Available Through PA

- Home Health Nursing Services
- Therapy Services
- Outpatient Mental Health Services
- Medical Supplies Do Not Require PA When Ordered by a Physician, Except Incontinence Supplies
- Durable Medical Equipment
- Transportation

Home Health Services

- Registered Nurse
- Licensed Practical Nurse
- Home Health Aid
- See 405 IAC 5-16)
- All home health services require PA except when ordered by physician prior to hospital discharge and do not exceed 120 hours within 30 days of discharge

Home Health Services

- Documented acute medical needs
- Prescribed or ordered in writing by a physician
- Provided in accordance with a written plan of treatment developed by the physician
- Intermittent or part-time except for ventilator dependent patients with a plan of home health care developed

Home Health Services

- Deemed medically reasonable and necessary
- Deemed less expensive than any alternate modes of care
- Provided only to members who are medically confined to the home
- Related nursing care (homemaker, chore, sitter/companion) are not covered

Therapy Services

- Can Include
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
 - Respiratory Therapy
- See 405 IAC 5-22-6 through 405 IAC 5-22-11

Therapy Services

- All therapy services require PA except when ordered by a physician prior to hospital discharge and do not exceed 120 hours within 30 days of discharge
- Written evidence of physical involvement and personal patient evaluation to document acute medical needs

Therapy Services

- Current treatment plan and progress notes as to the necessity and effectiveness of therapy
- Qualified therapist or qualified assistant under direct supervision of therapist must provide therapy
- Therapy must be of such a level of complexity and sophistication and the condition of the recipient must be such that the judgment, knowledge, and skills of a qualified therapist are required

Therapy Services

- Only for medically necessary therapy
- Therapy for rehabilitative services is covered no longer than 2 years unless there is a significant change in medical condition requiring longer therapy.
- Can be authorized longer for children under age 18 on a case-by-case basis
- Respiratory therapy can be authorized longer on a case-by-case basis
- Maintenance therapy is not covered

Therapy Services

- Ongoing evaluations are part of the therapy program
- An hour must include a minimum of 45 minutes of direct care with the balance spent in related services.
- Not approved for more than one hour per day per type of therapy
- Cannot duplicate other services

Medical Supplies

- Incontinence supplies (underpads, incontinent briefs and liners, diapers, disposable diapers) require PA for children older than 3 years.
- Not available for children younger than 3 years
- Based on documented medical necessity
- Limited to \$1,950 per rolling 12-month period
- see 405 IAC 5-19

Durable Medical Equipment

- Includes wheel chairs, communication devices
- See 405 IAC 5-19
- PA is required for all rented or purchased equipment except:
 - Cervical collars
 - Back supportive devices such as corsets
 - Hernia trusses

Durable Medical Equipment

- Parenteral infusion pumps when used in conjunction with parenteral hyperalimentation, including central venous catheters
- Eyeglasses
- Extensive list of items not requiring PA in Indiana Health Coverage Programs Provider Manual
- Medical Clearance form must be submitted with request to justify medical necessity

Durable Medical Equipment

- All repairs of purchased equipment require PA
- Requests reviewed on a case-by-case basis
- Must be medically necessary for the treatment of an illness or injury or to improve the functioning of a body member
- Must be adequate for the medical need; items with unnecessary convenience or luxury features are not authorized

Durable Medical Equipment

- Anticipated period of need, plus the cost of the item is considered in determining whether the item is rented or purchased

Health Care Transportation

- PA is required for:
 - Trips exceeding 20 one-way trips per rolling 12-month period, **except** emergency ambulance services, transportation to or from a hospital for the purpose of admission or discharge, or patients on dialysis
 - Trips that are 50 miles or more one-way
 - Transportation to or from an out-of-state non-designated area

Health Care Transportation

- Airline or air ambulance services by a provider located out of state in a non-designated area
- In-state train or bus services
- Family member services
- See 405 IAC 5-30 for additional information

PA Resources

- Indiana Health Coverage Programs Provider Manual, Chapter 6: Prior Authorization
 - Go to website at www.indianamedicaid.com and click on “Provider Manual” under “Site Favorites”
- Indiana Administrative Code 405 IAC Article 5
 - Go to website at www.in.gov/legislative/ic/code and in “Search the Indiana Code” enter the specific code site

Health Care Coordination

- See DD Waiver Bulletins #8 and #10 “Health Care Coordination” at <http://www.in.gov/fssa/servicedisabl/waivers.html>
- Bulletin 8 removes the requirement for PA denial of skilled nursing
- Bulletin 10 address the various levels of HCC and determining the appropriate level

Health Care Coordination

- We are working on an assessment tool to help determine eligibility and appropriate level
- Until the tool is complete, the following are issues that need to be taken into account when determining the appropriate level of HCC an individual may need, if any.

Health Care Coordination

- This is a “skilled service” and is available for individuals who require services by a LPN or RN to “assure the health, safety and wellbeing of the individual”.
 - Many individuals on the DD waiver do not have medical issues or related needs that require this skilled service.

Health Care Coordination

- People who are on the DD waiver are not categorically eligible for “health care coordination” services.
- Some individuals may have medical issues or needs that are coordinated and managed very effectively by their physicians.

Health Care Coordination

- Even though these individuals have medical conditions that require treatment, if the coordination and management of these conditions by their physician is sufficient to assure the health and well-being of the individual, the individual would not need the health care coordination service available under the DD waiver.

Health Care Coordination

- There are individuals who have medical needs that require additional HCC than is available through their primary health care providers to assure their health, safety and well-being.
- Health Care Coordination is intended to help maintain good health and prevent acute health situations for people who are at risk of not maintaining adequate health status due to a combination of factors that relate to their developmental and medical conditions.

Health Care Coordination

- **Discussion of “at risk “ individuals (Illustrative-not intended to be all inclusive)**
 - 1. Individuals who exhibit self-injurious behavior may require HCC because of frequent self-inflicted injuries.
 - Clearly persons with Self-Injurious Behavior (SIB) sustain more frequent injuries than most individuals as well as most persons with developmental disabilities.
 - If we are not aggressive in treating the injuries associated with SIB, the individual is at risk for more serious health problems.
 - 2. Persons for whom there is the use of chemical restraints, including persons receiving multiple kinds of psychotropic medications, may require HCC.
 - The use of chemical restraints puts the individual at risk for severe side effects that require close monitoring to protect the health and safety of the individual.

Health Care Coordination

- Side effects including irreversible motor tics, chronic constipation leading to bowel obstruction and the lowering of seizure thresholds are but a few of the most critical health issues that require close nursing surveillance to protect the health of persons receiving these medications.
- 3. Persons with a history of /or pattern of injuries.
 - For example, a person with a pattern of falls may require HCC to help assure and maintain their health status.
 - The pattern of injuries may be a consequence of medical conditions and/or behavioral incidents; however, regardless the person's experience of injuries puts them at risk for more serious health issues if more intensive HCC is not provided.
- 4. Persons, who medically are at risk of choking, including persons with any episodes of aspiration and/or gastro-esophageal reflux, may need HCC.

Health Care Coordination

- One of the leading causes of death across the country for persons with developmental disabilities is choking and/or aspiration.
- 5. Persons with frequent and/or lengthy seizures.
 - Many persons with seizures receive very good health care coordination from their neurologist.
 - Many individuals have very complex seizure disorders resulting in the need for very close monitoring of the frequency and duration of an individual's seizure.
 - This type of tracking, including analysis of what might be precipitating events to seizures, is not a part of the work that neurologists do for most persons with seizures.

Health Care Coordination

- HCC is particularly vital for persons who are receiving both psychotropic and anti-convulsant medications because of the interaction and effect that psychotropic medication has on lowering an individual's seizure threshold.
- Preventing seizures, limiting break through seizures and decreasing the length of seizures are all very important health goals and HCC goals for many persons with developmental disabilities.
- **Types of HCC Activities**
 - The list is not intended to be “all inclusive” but rather illustrative of HCC activities that may be needed to assure the health, safety and well-being for some individuals on the DD waiver.

Health Care Coordination

- Seizure Activity
 - Training on seizure first aid, training/review of protocols, reviews of seizure reports/records,
 - consultations with neurologists, review lab results.
- Assess/monitor /coordinate services for new onset, increased activity, breakthrough, incidents of status epilepticus, hospitalizations, related injuries.
- Aspiration/choking/GERD – Assess/ monitor /coordinate services for risk of/incident, assess/monitor pill size, train staff on protocol, and review/revise protocol as needed.
- G-Tubes – staff training. Monitoring and/ or coordination of services for hydration, changes in weight tube site care/skin breakdown, tolerance of feeding, bowel functions, special positioning, and compliance issues. Review, revise as needed, staff interventions.

Health Care Coordination

- Medication Review/Administration - anti-convulsant, psychotropic, or combination of both - attend consultations/reviews of medications, consult with behavior specialists on chemical interventions, review monthly MAR, staff training and review of self medication programs, medication errors, monthly review and accuracy of physician orders.
- Hospitalizations (acute/chronic), Falls, Frequent/Severe Accidents – Monitoring and/or coordination of assessments of gait, strength, coordination, adaptive equipment, underlying conditions, infection control, staff interventions and effectiveness.
- Skin Assessments
 - Assessment/monitoring/coordination of services for risk of/skin breakdown (Stages 1-4).

Health Care Coordination

- Chronic Elimination Problems (urine and bowel)
 - Monitor and/or coordinate medications used as routine and emergency,
 - train staff to monitor for signs/symptoms,
 - effectiveness of current interventions, hospital related admissions.
- Health Issues (acute/chronic)
 - Train/retrain staff on interventions,
 - monitor effectiveness of interventions,
 - coordinate specialists
 - evaluate treatment recommendations, review lab results, monitor, coordinate tests/results, review diets.

Health Care Coordination

- Consultations
 - IDT/ISP,
 - Day Services,
 - Physicians.
 - Allied health professionals, etc.
- Injections – Routine and non-routine
- Catheter/Trachea/Ostomy Care –
 - Monitor output, odor, change in consistency/color, hospitalizations,
 - develop and train staff on protocol, effects of treatment, skin care at site,
 - coordinate specialists' recommendations.

Health Care Coordination

- Dental Care
 - Monitor oral hygiene (especially people who have medications which can cause dental problems),
 - Coordinate recommendations.
- Health Concerns Resulting From Behavior Incidents – i.e. Pica, Severe Self Injurious Behavior, Severe Aggression,
 - monitor and assess the injury, effects of medical interventions.
- Immobility
 - Monitor and/or coordinate interventions for skin condition,
 - prevention of skin breakdown, staff interventions and effectiveness of staff intervention, coordinate specialists and monitor/review recommendations.

Health Care Coordination

- **Conclusions**

- **1. Not everyone on the DD waiver needs or is eligible for health care coordination.**
- **2. Certain factors and combination of factors as illustrated above place some individuals at a higher risk of maintaining adequate health.**
 - **These needs and factors are atypical for most persons who receive their HCC from their primary medical care provider.**
 - **Health Care Coordination is appropriate for these individuals, as this skilled service will assist the individual in maintaining adequate health.**

DD Waiver Definition of HCC

- Health Care Coordination includes medical coordination provided by an Registered Nurse(RN) or Licensed Practical Nurse (LPN)
 - Manage the health care of the individual including physician consults, medication ordering, development and oversight of a health care support plan.
 - Skilled nursing services are provided within the scope of the Indiana State Nurse Practice Act.

DD Waiver Definition of HCC

- Because of the different benefits provided under Skilled Nursing and Health Care Coordination, Medicaid Prior Authorization for skilled nursing services is **not necessary** prior to the provision of Health Care Coordination.

DD Waiver Definition of HCC

- Health Care Coordination consists of the following levels:
 - 1 Unit - Health care needs require at least weekly consultation/review with RN/LPN with face to face visits once a month.
 - 2 Units - Health care needs require at least weekly consultation/review with RN/LPN with face to face visits at least twice a month.
 - 3 Units - Health care needs require at least twice weekly consultation/review with RN/LPN with face to face visits once a week.
 - 4 Units - Health care needs require at least twice weekly consultation/review with RN/LPN with face to face visits at least twice a week.

DD Waiver Definition of HCC

- Certified providers of DD Waiver services who employ or contract with a RN or LPN licensed under IC 25-23-1, may be certified as providers of Health Care Coordination
 - Submit a written request to the Medicaid Waiver Provider Relations Specialist with a copy of the current license of their RN or LPN.

DD Waiver Definition of HCC

- To add Health Care Coordination as a service for an individual on the DD Waiver
 - The case manager will need to complete an update Plan of Care/Cost Comparison Budget, obtain the individual's signature
 - Submit it to BDDS for review and approval by the Waiver Specialist.
 - This service may be effective October 1 as needed by the individual.

DD Waiver Definition of HCC

- **Activities not allowed:**

- Skilled nursing services that are available under the Medicaid State plan
- Services that are not specified in the individual support plan
- Case management services provided under a 1915 (b), 1915 (c) or 1915 (g)
- Case management waiver, residential, vocational, and/or educational services otherwise provided under Living Supports are not allowable services.

Questions and Answers